

UNIFORM STRAIGHT BILL OF LADING ORIGINAL---NOT NEGOTIABLE

All services are subject to the terms and conditions of the FXF 100 Series Rules Tariff. See fedex.com for details--- QUESTIONS? CALL 1 866 393 4585

 779804244634 	Date 11/07/2024	Purchase Order # PO 16863
	Shipper #	Shipper #
REQUIRE: Please select a service type		OPTIONAL You may select a money-back guarantee delivery (charges and tariff limitations may apply)
<input checked="" type="checkbox"/> FedEx Freight Priority		<input type="checkbox"/> A M Delivery <input type="checkbox"/> Close of Business Delivery
<input type="checkbox"/> FedEx Freight Economy		

SHIPPER (from) Please provide ZIP codes and phone numbers.		CONSIGNEE (to)	
Shipper NUTRIENT CONTROL SYS	FXF Acct # XXXXX1526	Consignee Kinnards	FXF Acct #
Attn to	Area Code Phone Number (717) 491-6649	Attn to Marty	Area Code Phone Number (920) 255-0763
Address 130 INDUSTRIAL DR Address (Store, Dept, Sto, Hl, Apt, Div)		Address E 2675 CTH-S Address (Store, Dept, Sto, Hl, Apt, Div)	
Address		Address	
City CHAMBERSBURG		City CASCO	
State/Province PA	ZIP/Postal Code 172013255	Country US	
State/Province WI	ZIP/Postal Code 54205	Country US	
Optional or Additional Services Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access		Optional or Additional Services Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access	
Shipper Bill of Lading #		<input type="checkbox"/> Custom Delivery Window	
Special Instructions			

BILL FREIGHT CHARGES TO (if different than above):

Name	FXF Acct. #	Mailing Address
City	State	ZIP/Postal Code Country Area Code Phone Number

Freight charges are PAID unless marked collect

USD CAD

CHECK BOX COLLECT

AMOUNT

1 The letters "C O D" must appear in box before consignee's name above

2 C O D funds to be collected as Certified Funds Company Check Personal Check

3 C O D fee to be paid by Shipper Consignee

REMIT C.O.D. TO (if different than shipper above):

Name	Mailing Address
City	State ZIP/Postal Code Country Country Code Area Code Phone Number

RECEIVED, subject to individual determined rates of charges that have been agreed upon in writing between the carrier and shipper, and rules that have been established by the carrier and are subject to the shipper's request and to all applicable state and federal regulations, the property described below in separate good units, except as noted, contains no hazardous materials, and the contents of packages are known and marked, consigned, addressed and packaged in accordance with the carrier's instructions, which said carrier agrees to carry, to destination if by a route or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to the conditions, limitations, exclusions, and exceptions set forth in the FXF 100 Series Rules Tariff and any other terms, conditions, and regulations that may be applicable to the shipment.

HANDLING UNITS (HU)	H/U PKG TYPE	PIECES	PKT WGT (LBS)	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS (subject to correction)	NMFC ITEM #	CLASS	CUBE (vol)
1	PLT	4		11 MG Screens	120.0 LB		055	
				DIMS 48 X 48 X 10 IN PO # PO 16863				
TOTAL WEIGHT					120.0 LB			
TOTAL HU 1								

MARKED OR LABELLED IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.

FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS.

EE/ISED Number or Exception _____ Phone # _____

Broker Name _____ Fax # _____

FOR FREIGHT COLLECT SHIPMENTS

Subject to Section 7 of conditions of applicable Bill of Lading. If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Consignor Signature _____

SHIPPER CERTIFICATION

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled, placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Shipper Signature _____ Date _____

CARRIER CERTIFICATION

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.

Articles are NEW, and Require Excess Liability Coverage in the amount _____

USD CAD MXN per lb or kg Additional charges will apply

Anticorrosion or RECONDITIONED articles require Excess Liability Coverage. Additional charges will apply.

NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360.

DATE	DRIVER/EMPLOYEE NUMBER	PIECE COUNT	TRAILER #
11/7/24	2663068	1 Skid x 15461	
FedEx Freight		ste 4 pcs	



DELIVERY RECEIPT



Freight Bill 779804244634 R0

2200 FORWARD DRIVE
HARRISON, AR 72601

fedex.com 1 866 393 4585

Ship Date 11/07/2024	Bill of Lading
P O PO 16863	Shipper Reference
Origin HGR	Destination GRB

Consignee
KINNARDS
E 2675 CTH S
CASCO
WI 54205 US

Trailer # 481067

Shipper
NUTRIENT CONTROL SYS
130 INDUSTRIAL DR
CHAMBERSBURG
PA 17201-3255 US

FedEx Freight Priority

DRIVER COPY

PIECES	PKG	H/U	HM	DESCRIPTION	WT(LBS)	NMFC	PCF CLASS	RATE	TOTAL CHARGES
4				PO# PO 16863 11 MG SCREENS DIMS:0001HU@ 048.0"X048.0"X010.0" 9202550763 :CONS PHONE # 7174916649 9202550763 MARTY FEDEX COM-U S. WEB INCENTIVE DISCOUNT RESIDENTIAL DELIVERY CHARGE ADDITIONAL CHARGES ADDED 0000014 CUBIC FEET FUEL SURCHG LTL SHPT29 70% 84529-9000-FXF-112 DISC AMT/MIN CHG FLR APPL *FXF 100001/01/24 ILS 04185	120		055		
4			1	PREPAID - WILL INVOICE THIRD PARTY	120				

ACCESSORIAL SERVICES PERFORMED:
 INSIDE DELIVERY SORT & SEGREGATE DETENTION
 RESIDENTIAL-LIMITED ACCESS LIFT GATE OTHERS

WILL INVOICE RESPONSIBLE PARTY

Delv Driver & # *D.H. Johnson*
 Date *11-11-24* Arrive *1134* Depart *1139*
 # of Skids *1* # of Pcs *1* OS&D #

Customer Requirements/Appointment Instruction

Shipment received in apparent good order with wrap intact unless otherwise noted

Received by: *Thayer*
 Over Damage Exceptions
 Short Wrap Broken